

MENTAL HEALTH AND DISABILITY SERVICES COMMISSION

February 20, 2014, 9:30 am to noon
Grimes State Office Building, Room B100
400 E. 14th Street, Des Moines, IA
MEETING MINUTES

MHDS COMMISSION MEMBERS PRESENT:

Jill Davisson	Rebecca Peterson
Lynn Grobe (by phone)	Deb Schildroth
Chris Hoffman (by phone)	Patrick Schmitz (by phone)
David Hudson (by phone)	Susan Koch-Seechase (by phone)
Betty King (by phone)	Marilyn Seemann
Sharon Lambert (by phone)	Suzanne Watson (by phone)
Brett McLain	Jack Willey

MHDS COMMISSION MEMBERS ABSENT:

Neil Broderick	Senator Jack Hatch
Richard Crouch	Representative Dave Heaton
Senator Joni Ernst	Representative Lisa Heddens

OTHER ATTENDEES:

Theresa Armstrong	MHDS, Bureau Chief Community Services & Planning
Teresa Bomhoff	Iowa Mental Health Planning Council/NAMI Greater Des Moines
Kristi Dierking	Warren County MH/DD Advocate
Eric Donat (by phone)	Easter Seals Iowa
Marissa Eyanson	MHDS, Community Services & Planning
Connie Fanselow	Department of Human Rights
Lynsie Hanssen	Magellan Health Services
Melissa Havig	MHDS, Community Services & Planning
Karen Hyatt	Des Moines County
Ken Hyndman	Magellan Health Services
Diane Johnson (by phone)	MHDS, Community Services & Planning
Laura Larkin	DHS Consultant
Renee Schulte	DHS, Administrator MHDS Division
Rick Shults	ISAC Targeted Case Management
Deb Eckerman Slack (by phone)	Warren County MH/DD
Michelle Stone (by phone)	Advocate/Passageway
Gano Whetstone	Integrated Telehealth Partners
Doug Wilson	Alegent Creighton Health/PRA
Michelle Zuerlein	

WELCOME AND CALL TO ORDER

Jack Willey called the meeting to order at 9:35 a.m., welcomed attendees, and led introductions. No conflicts of interest were identified for today's meeting. Quorum was established, with six members present and eight participating by phone. Today's agenda has been abbreviated due to winter weather advisories.

APPROVAL OF MINUTES

Deb Schildroth made a motion to approve the minutes of the January 16, 2014 meeting as presented. The motion was seconded by Brett McLain and passed unanimously with the eight members shown above voting by phone.

AUTISM SPECTRUM DISORDER EXPERT PANEL

Theresa Armstrong explained that the legislation passed last year creating the Autism Support Program also called for the Child Health Specialty Clinic's Regional Autism Program to convene an Autism Expert Panel. The Panel asked for a Commission representative and Gary Lippe filled that position until his resignation from the Commission at the end of 2013. The Commission has been asked to appoint a new representative to the Autism Expert Panel. The Panel assisted in the development of the administrative rules for the Autism Support Program, and is continuing to look at services for children with Autism in Iowa. The group meets about four times a year. Meetings are held in the Des Moines area or by phone. Jack asked for volunteers. Marilyn Seemann said she has worked with people who have Autism for over ten years and would be willing to serve on the panel. Marilyn will be the new Commission representative.

CRISIS STABILIZATION SERVICES

Jack Willey reported on last night's meeting of the Crisis Stabilization Committee. They reviewed 36 pages of preliminary information, including examples of definitions and language used in other states, as well as excerpts from existing Iowa Code or rules that may be useful. This is just the beginning of the work to develop the rules. The committee members will review this initial document and at their next meeting will begin to make recommendations about what definitions and components should be in the rules. The Committee has another meeting scheduled for March 4 in Des Moines and will be looking at some additional information at that time, as well as trying to eliminate some of the initial information that does not seem to be the right fit for this purpose. The Committee will also meet again on March 19, and will have an update at the March Commission meeting. Renee Schulte said her goal is to have the rules ready to present for notice at the April meeting. Renee explained that these rules will address all both facility-based and community-based crisis stabilization services in Iowa and will become a new division in IAC Chapter 441-24. She said the rules will include language about client rights and will have a peer component.

There are three crisis stabilization services included in core services:

- 24-hour crisis response
- Evaluation
- Personal emergency response system

There are also five crisis stabilization services included in “core plus” services:

- Twenty-four hour crisis hotline
- Mobile response (including EMS rural options)
- Twenty-three hour crisis observation and holding
- Crisis stabilization facility and community-based services
- Crisis residential services

Renee said that the initial document the Committee is reviewing pulls together best practices from other states, work on crisis response that was done by the Department and workgroups in 2008, and other projects or models with good information. There was not a lot of detail in the legislation, so some needs to be created in the rules. The document will be released as a public document when the Committee is ready to present it to the full Commission. These rules will go through the regular (non-emergency) rulemaking process. Renee said she is visiting places in Iowa where crisis services are currently being delivered to gather information and see how things are actually working. She has also been talking to Magellan about what they are doing.

Rebecca Peterson commented that she has been aware of crisis situations that have not been handled well and is glad to be part of improving the services available.

Brett McLain asked if this work would address the over-reliance on emergency rooms in mental health crisis situations. Renee said that there would be an effort to think about how to create access points other than ERs and how they can be used to divert people from hospital admission when appropriate. Deb Schildroth agreed that an important aspect of crisis stabilization is implementing services for people before they get to an ER. Renee said she is gathering information on how others have done that.

Chris Hoffman said he hopes to see telemedicine and telecounseling as an acceptable practice, particularly to provide 24/7 assessment or similar services. He said it is a challenge, especially in rural areas, to maintain the staffing capacity to make crisis services work without that option.

Betty King commented that she wants to build peers and peer support as an evidence based practice into the process. She said that peers should be included in the process and in the services. Jack Willey indicated that the role of peer support has already been part of the discussions.

Teresa Bomhoff commented that the inclusion of EMS rural options is important because it can create jobs in rural areas, reduce reliance on volunteers, and enhance rural 911 response overall.

Jack Willey noted that it is important the rules support the options and flexibility needed to make the services available everywhere in our very rural State.

DHS/MHDS UPDATE

Pending Legislation – Theresa Armstrong reviewed some items of legislation that are expected to make it through the first funnel this week.

HSB 633 relates to crisis services. The crisis pilot was given the legislative clearance to move forward. This bill clarifies that DHS is responsible for setting standards and accrediting crisis stabilization programs. The programs will have to meet DHS standards, not DIA (Department of Inspections and Appeals) standards that apply to other types of health care facilities. DHS will have a process for deeming. The MHDS Commission will approve the administrative rules.

HSB 637 is a “clean up” bill for making necessary technical corrections to the Iowa Code, including updating old language relating to the county CPC process to relate to the new regional system and changing language where needed to make it consistent with new processes. It also changes the requirement that counties designated their community mental health centers or requested waivers; it will now say that providers must be approved according to Chapter 230A, which lays out requirements for the operation of community mental health centers.

Theresa said that no bills related to funding have come out yet.

Teresa Bomhoff offered to share some information about other bills that may be of interest:

SF 2151 [SF 2296] relates to people with mental illness in the criminal justice system. It provides that defendants with mental illness (MI) who pose a danger to the public will be sent to the Iowa Medical Classification Center at Oakdale with the Department of Corrections being responsible for costs, and that defendants with MI who do not pose a danger to the public and need treatment will receive treatment, with the Department Human Services being responsible for the costs.

HSB 525 [HF 2409] (the Governor’s bill) and SSB 3149 relate to anti-bullying. Teresa said that both bills deal with reporting and there is language to expand the definition of cyber-bullying, but neither bill specifically addresses dealing with bullying behavior.

SF 2173 relates to suicide prevention. Teresa said she attended the subcommittee meeting where it was discussed and noted that a number of professional organizations oppose it. She said that IDPH (Iowa Department of Public Health) received a three-year grant for suicide prevention. This bill proposes a partnership between the legislature and IDPH to fund a person who would help schools develop suicide “post-vention” protocols. IDPH is starting online training for schools, beginning with Mason City and

Ames schools; the training will later be made available to all Iowa schools. The schools will be expected to document the state and local resources available to them.

HSB 632 extends the date of the equalization formula.

HSB 2187 relates to Taser training.

SF 2084 relates to the Iowa Juvenile Home.

HF 2182 was put forward by the Iowa Association of Psychologists. It proposes a provisional license (similar to social workers) for psychologists to practice under supervision for the first two years after earning their doctorate.

HSB 653 (HF 2376) relates to prior authorization for prescription drugs and reduces paperwork by requiring use of the same standard two-page form for all prior authorizations.

Teresa Bomhoff said she had contacted Iowa Insurance Commissioner Nick Gerhart about issues relating to Coventry and re-credentialing, and received a response that the Insurance Commission does not review reimbursement agreements, but they are concerned about network adequacy. She urged people to share any concerns they have about the new health care plans or re-credentialing.

She said there is a request from Broadlawns to the Transportation and Infrastructure Committee to expand its mental health unit (now 30 beds), add a new mental health clinic, and start a psychiatric residency program with at least three slots.

Theresa Armstrong continued with the MHDS Update:

Regional Formation – The Department has received nine 28E agreements from the 14 regional groups. Responses have gone out to all nine with information on specific things that need to be changed to meet the Iowa Code requirements and some additional suggestions for improvement. Two of the agreements have been approved by DHS and one of those has already been returned with signatures from the governing board. Three need some minor revisions. Four of the agreements need more significant revisions, such as clarifying how money will be handled by the region, and making it clear that funds are under the control of the governing board. Julie Jetter and Jan Heikes have been out to a couple of the regions to talk to the governing boards and help them understand what the Department is requesting.

Deb Schildroth asked about the status of State Program Payment cases. Theresa responded that the Attorney General has given his opinion to the Department and it is still under review internally.

Rick Shults joined the meeting and continued additional MHDS Update items:

Facilities - Zvia McCormick resigned her position as Superintendent at Glenwood State Resource Center to move to New York last fall; Gary Anders has been named Interim Superintendent and efforts have been underway to permanently fill the position. The Department is planning to interview candidates in early March. Kris Weitzell has been named the new superintendent at Clarinda. Jason Smith has resigned his position as Superintendent of the Cherokee MHI and is moving to Wisconsin. The Department is actively recruiting for that position.

County funding – Rick said he has had conversations with legislators and ISAC (Iowa State Association of Counties) about county funding. These conversations include some examples of what may or may not happen with the Medicaid offset, which is the money saved by counties from the expansion of the Iowa Health and Wellness Plan. He said those conversations do not mean that any conclusions have been reached about just what those savings will be; so far hypotheticals are being used to look at the possibilities.

IHAWP Enrollment – Iowa is just shy of 100,000 enrollees and about 800 to 1000 applications are being received per day. It was expected that about 150,000 Iowans would be eligible to participate in the expansion. Eligibility determination people and staff in the field are working very hard to get those applications turned around as quickly as possible. Our system is processing applications in about 10 days. Rick said he did not have a number for applications for medically exempt status, but he is aware that that process is taking a little longer. The federal government also has about 22,000 applications for Iowans that were entered through the healthcare.gov site are not complete or may not all the accurate information necessary and they may release those to Iowa to sort through. If that happens all at once, that will impact the length of time it takes to process them.

Deb Schildroth commented that there is an IME (Iowa Medicaid Enterprise) webinar scheduled for March 4 on the medical exemption process.

Chris Hoffman commented that his agency serves some children who need BHIS (Behavioral Health Intervention Services) who have a very difficult time waiting for the medical exemption process. Rick responded that the medically exempt process only applies to adults, age 19 and over. He said the process is different for children, so delays would be for different reasons. Diane Johnson encouraged Chris to contact her at Magellan about getting children started on BHIS.

MENTAL HEALTH SERVICES SYSTEM FOR CHILDREN, YOUTH & FAMILIES IMPLEMENTATION STATUS REPORT

Laura Larkin presented an overview of the Mental Health Services System for Children, Youth & Families Implementation Status Report. This is a legislatively mandated report that DHS submits to the General Assembly and the MHDS Commission every January. When the report was established in 2008, Iowa did not have Integrated Health Homes in place, and the redesign of the MHDS system had not yet begun. A lot has changed in

those five years. The original legislation said that the purpose of establishing a children's system is to improve access for children with SED (Serious Emotional Disturbance) and youth with other qualifying mental health disorders to mental health treatment and services and other supports in the least restrictive setting possible so they can live with their families and remain in their communities.

Money was set aside by the legislature to start community-based programs for children and youth. It began with the Central Iowa System of Care in Polk and Warren Counties. Then another system of care was established in Linn and Cerro Gordo Counties, and Iowa received SAMHSA funding for the Community Circle of Care that serves 10 counties in northeastern Iowa. That gave Iowa 14 counties with systems of care in place. These programs provide services to children and families regardless of their eligibility for Medicaid or access to private insurance. Integrated health homes (IHHs) can now provide the care coordination services for those children who are eligible for Medicaid and had been served by the systems of care. The IHHs will be implemented statewide by July 1 of this year.

This report looks at who will still need to be served and what needs will remain to be addressed after the children who have Medicaid are fully covered by the integrated health homes. There have also been Children's Services Workgroup reports for each of the last three years and since they have come out shortly before this report is due, and information from them has been included in this series of annual reports.

Currently IHHs are available for children who have Medicaid coverage. Work is being done toward making systems of care funding available for children who do not have Medicaid and using systems of care funds to buy IHH services for non-Medicaid kids. The Department is asking for level funding for the programs that exist now. The three systems of care programs operating in Iowa are all managed and operated differently and have different services. Each one will have a different plan for how they are going to move into the overall idea of an integrated health home.

Iowa has the SAMHSA System of Care Planning Grant that is focused on how to expand systems of care practices and principles through the integrated health home system across the state. It is not two separate programs; it is one way of serving children and families with more than one means of funding.

Laura said there is a more detailed description of each program in the report, including what they do and how many children they serve. The full report is not yet posted online. Laura will make sure it is made available to the Commission.

COMMUNICATIONS COMMITTEE REPORT

The Communications Committee met by phone to discuss the issues raised at the last Commission meeting and worked on putting together a draft. The draft has gone no further at this point. Jack Willey asked Connie Fanselow to explain some of the concerns that have held up progress. He said that it is important for the Commission to

keep to its role as an advisory body and not be perceived as lobbying. Connie noted that the concerns raised all relate to complex issues, and after reviewing the draft with Jack they felt it did not clearly and accurately describe the issues in a way that a reader would find understandable. One particular concern was that references to issues concerning insurance costs and/or reimbursement rates become confusing because there are differences between traditional Medicaid, the Iowa Wellness Plan, the IHAWP Marketplace Choice Plan, and the plans available on the Marketplace Exchange and some concerns relate only to specific parts of the insurance spectrum.

Chris Hoffman said he is concerned about the geographic of regional adequacy of the network and that rates influence the adequacy of the network. He said that Nick Gerhart has been very clear that he does not see his role as commenting on what providers are paid.

Patrick Schmitz said that he sees rates as a significant issue beyond the adequacy of the network and the rate of payment does directly affect the number and array of providers in the network. There was a time when every hospital in Iowa refused to sign a contract with a particular insurance company because their rates were unrealistically low and that insurer had to significantly change its rate structure. Chris Hoffman said he thinks the network adequacy issue is a high priority. He said that he and other providers cannot take contracts when they know they will lose money. He said doing so would “undo” a lot of the quality improvement work that has been done. Patrick Schmitz said that some providers are already refusing to accept the low reimbursement rates. Jack agreed, saying that he thinks the message should be that we need providers who are willing and able to provide services and rates must be adequate for that to happen.

Dave Hudson said that perhaps the draft is too complex to be a good communication tool. We might want to try to take a more global approach, keep the message as simple as possible, and focus on a few people who are capable of driving this issue. If the document is structured to be very detailed and technical it should be directed to legislators or others who really understand the complexities of these programs.

Chris Hoffman suggested redrafting the document to make it shorter and less detailed, and perhaps including one short story about a client. Dave Hudson suggested boiling it down to three priorities.

Rebecca Peterson said she would identify the key issues as provider adequacy, reimbursement rates that are limiting providers, and the time factor in establishing medical exemption status.

Patrick Schmitz noted that he has talked to legislators in the last few weeks and they have some awareness that there are problems.

Rick Shults said he would like to re-emphasize what Jack said in terms of the Commission not being perceived as lobbying and noted that many of the Commission

members are actively involved in other organizations that have lobbying as part of their purpose.

Jack agreed, saying that he wants to make sure any communication from the Commission is informational. He asked the committee members to review the draft and offer any additional suggestions. He said he would plan to work with Connie to set up another conference call for the group to continue the discussion.

NEXT MEETING

The next MHDS Commission meeting is scheduled for March 20, 2014 at the United Way Conference Center in Des Moines.

PUBLIC COMMENT

Gano Whetstone commented that she would like to see dental and optical as services available as a core service to people who do not have Medicaid or other insurance coverage to provide those services.

The meeting was adjourned at 11:12 a.m.

Minutes respectfully submitted by Connie B. Fanselow.